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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	53982/333698
		Application Number	
Title of Invention	INFLATABLE CUSHIONING DEVICE		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1					
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
				<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
Mr.	David	M.	Shilliday		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Phoenix	State/Province	AZ	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		1717 E. Union Hills #2034			
Address 2					
City	Phoenix	State/Province	AZ		
Postal Code	85024	Countryi	US		
Applicant 2					
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
				<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
Mr.	Lih-Sheng		Kang		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Chandler	State/Province	AZ	Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		MY			
Mailing Address of Applicant:					
Address 1		1799 E. Derringer Way			
Address 2					
City	Chandler	State/Province	AZ		
Postal Code	85249-1426	Countryi	US		
Applicant 3					
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
				<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
Mr.	Gregory	A.	Mowry		
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Phoenix	State/Province	AZ	Country of Residence i	US

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		Application Number			
Title of Invention		INFLATABLE CUSHIONING DEVICE			

Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		3508 East Hazelwood			
Address 2					
City	Phoenix		State/Province	AZ	
Postal Code	85018		Country ⁱ	US	
Applicant 4					
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
				<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Suffix
Mr.	Gregory		B.		Grace
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Mesa		State/Province	AZ	
			Country of Residence i	US	
Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		3336 E. Jerome Avenue			
Address 2					
City	Mesa		State/Province	AZ	
Postal Code	85204		Country ⁱ	US	
Applicant 5					
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
				<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Suffix
Mr.	John		F.		Bartell
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service					
City	Apache Jet		State/Province	AZ	
			Country of Residence i	US	
Citizenship under 37 CFR 1.41(b) i		US			
Mailing Address of Applicant:					
Address 1		1935 E. 38th Avenue			
Address 2					
City	Apache Jet		State/Province	AZ	
Postal Code	85219		Country ⁱ	US	
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.					

Add

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

☐ An Address is being provided for the correspondence Information of this application.

Customer Number 23370

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		Application Number	
Title of Invention	INFLATABLE CUSHIONING DEVICE		
Email Address	patentcorrespondence@kilstock.com		<input type="button" value="Add Email"/> <input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	INFLATABLE CUSHIONING DEVICE		
Attorney Docket Number	53982/333698	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	6	Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> US Representative (37 CFR 11.9)
Customer Number	23370		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status		<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
10/589778	a 371 of international	PCT/US05/05120	2005-02-16
Prior Application Status		<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
PCT/US05/05120		10/783667	2004-02-20

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Additional Domestic Priority Data may be generated within this form by selecting the **Add** button.

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove			
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the **Add** button.

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here. ☐

Prefix	Given Name	Middle Name	Family Name	Suffix

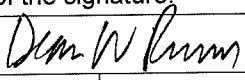
Mailing Address Information:

Address 1			
Address 2			
City		State/Province	
Country ⁱ		Postal Code	
Phone Number		Fax Number	
Email Address			

Additional Assignee Data may be generated within this form by selecting the **Add** button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2008-04-24	
First Name	Dean W.	Last Name	Russell	Registration Number	33452